

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

## I Reporting Information

Year: 2012

Fill in circle if amendment ☐

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 121

FOR OFFICE USE ONLY

130150

Cjm

III A: Lob Name: Rob't S. Bookman, Esq.

RECEIVED JAN 09 2013

CL 121 \$50

## II Client Information

Name: New York City Hospitality Alliance, INC

Permanent Business Address: 630 9th Avenue, Suite #311

City: New York

State: NY

ZIP code: 10036

Business Phone: 646-532-2756

Fax Number: N/A

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☒ Local Lobbying ☐ Both

Name: Pesetsky and Bookman

Phone Number: 212-513-1988

Address: 325 Broadway, Suite #501

City: New York

State: NY

ZIP code: 10007

Compensation for current period: \$9,996 .00

**B** Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Yoswein New York

Phone Number: 212-233-5700

Address: 150 Broadway, Suite #1300

City: New York

State: NY

ZIP code: 10038

Compensation for current period: \$20,000 .00

**C** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$29,996 .00



**IV Other Expenses (Current Semi-Annual Period Only)**

A Report in the aggregate all expenses less than or equal to \$75:	\$ 150	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$150 .00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: Anheuser Busch Distributors of New York  
or  
Single Source Person's Last Name: First Name:

Address: 510 Food Center Drive  
City: Bronx State: NY ZIP code: 10474

Phone: 347-443-8660

Date Contribution Received: 9 / 26 / 2012	Amount of Contribution: \$ 2,450	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contribution(s) Single Source #2**

Single Source Entity's Name: Borax Paper Products  
or  
Single Source Person's Last Name: First Name:

Address: 1390 Spofford Avenue  
City: Bronx State: New York ZIP code: 10474

Phone: 718-655-8500

Date Contribution Received: 9 / 26 / 2012	Amount of Contribution: \$ 2,450	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00
Date Contribution Received:     /     /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☒

**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #3**

Single Source Entity's Name: Derossi Global

or  
Single Source Person's Last Name: First Name:

Address: 122 E 7th Street, Ste. GFE

City: New York

State: NY

ZIP code: 10009

Phone: 212-777-2017

Date Contribution Received: 7 / 16 / 2012

Amount of Contribution: \$1,225 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 4**

Single Source Entity's Name: Diageo North America

or  
Single Source Person's Last Name: First Name:

Address: 801 Main Avenue

City: Norwalk

State: CT

ZIP code: 06851

Phone: 646-223-2000

Date Contribution Received: 9 / 29 / 12

Amount of Contribution: \$1,470 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 5**

Single Source Entity's Name: Halper Paper &amp; Supplies, Inc

or  
Single Source Person's Last Name: First Name:

Address: 51 Hook Road

City: Bayonne

State: NJ

ZIP code: 07002

Phone: 973-675-6633

Date Contribution Received: 9 / 24 / 2012

Amount of Contribution: \$2,450 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 6

Single Source Entity's Name: Indemnity Insurance Corporation

or  
Single Source Person's Last Name:

First Name:

Address: 950 Ridgebrook Rd, Ste 1500

City: Sparks

State: MD

ZIP code: 21152

Phone: 410-472-6000

Date Contribution Received: 10 / 3 / 2012

Amount of Contribution: \$ 2,450 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 7

Single Source Entity's Name:

or  
Single Source Person's Last Name: Chodorow

First Name: Jeffrey

Address: 16400 NW 2<sup>nd</sup> Avenue, Ste #200

City: Miami

State: FL

ZIP code: 33169

Phone: 212-262-0028

Date Contribution Received: 10 / 12 / 2012

Amount of Contribution: \$ 2,450 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 8

Single Source Entity's Name: Manhattan Beer Distributors LLC

or  
Single Source Person's Last Name:

First Name:

Address: 400 Walnut Avenue

City: Bronx

State: NY

ZIP code: 10454

Phone: 718-242-9300

Date Contribution Received: 10 / 11 / 2012

Amount of Contribution: \$ 2,450 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Designated Addendum Sheet for Section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source # 9**

Single Source Entity's Name: Micros Retail Systems, Inc

or  
Single Source Person's Last Name:

First Name:

Address: 1500 Harbor Blvd.

City: Weehawken

State: NJ

ZIP code: 07086

Phone: 201-866-1000

Date Contribution Received: 11 / 30 / 2012

Amount of Contribution: \$ 2,450 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 10**

Single Source Entity's Name: Myles Share & Associates

or  
Single Source Person's Last Name:

First Name:

Address: 304 West 88th street, Ste. #1B

City: New York

State: NY

ZIP code: 10024

Phone: 212-724-5850

Date Contribution Received: 8 / 15 / 12

Amount of Contribution: \$ ~~25~~ 1,225 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 11**

Single Source Entity's Name: Global Coverage Inc

or  
Single Source Person's Last Name:

First Name:

Address: 9 East 37th street

City: New York

State: NY

ZIP code: 10016

Phone: 212-646-5738

Date Contribution Received: 12 / 31 / 2012

Amount of Contribution: \$ 1,225 .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source # 12**Single Source Entity's Name: NCR Corporationor  
Single Source Person's Last Name:

First Name:

Address: Satellite Place, Building 700, 3097 Satellite BlvdCity: Exe DuluthState: GAZIP code: 30096Phone: 212-391-6500Date Contribution Received: 12 / 12 / 2012 Amount of Contribution: \$ 2,450 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 13**Single Source Entity's Name: New York RGI SUB LLCor  
Single Source Person's Last Name:

First Name:

Address: 880 Third Avenue, 4<sup>th</sup> FloorCity: New YorkState: NYZIP code: 10022Phone: 212-838-2061Date Contribution Received: 4 / 13 / 2012 Amount of Contribution: \$ 3,450 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 14**Single Source Entity's Name: Performance Food Group-PFG-Shared Servicesor  
Single Source Person's Last Name:

First Name:

Address: PO Box 17125City: DenverState: COZIP code: 80217Phone: 800-275-9500Date Contribution Received: 4 / 24 / 2012 Amount of Contribution: \$ 1,470 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source # 15**

Single Source Entity's Name: The One Group LLC

or  
Single Source Person's Last Name:

First Name:

Address: ~~411 Fifth Avenue, 2<sup>nd</sup> Floor~~ 411 W. 14<sup>th</sup> Street, 2<sup>nd</sup> Floor

City: New York

State: NY

ZIP code: 10014

Phone: 646-624-2400

Date Contribution Received: 9 / 24 / 2012 Amount of Contribution: \$ 2,450 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 16**

Single Source Entity's Name: The Riese Organization

or  
Single Source Person's Last Name:

First Name:

Address: 560 Fifth Avenue

City: New York

State: NY

ZIP code: 10036

Phone: 212-560-1680

Date Contribution Received: 4 / 14 / 2012 Amount of Contribution: \$ 480 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 17**

Single Source Entity's Name: Windy Gates Soho, Inc

or  
Single Source Person's Last Name:

First Name:

Address: 568 Broadway, suite #405

City: New York

State: NY

ZIP code: 10012

Phone: 212-925-5340

Date Contribution Received: 8 / 20 / 2012 Amount of Contribution: \$ 2,450 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



## V Source of Funding Disclosure

### B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

#### Contributions from Single Source #1

Related or Affiliated Entity or Person: ABG Standard Operator LLC

Entity's or Person's Full Name:

Entity's or Person's Address: 848 Washington Street, New York, NY 10014

Entity's or Person's Phone: 212-645-4646

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	8	/22	/2012	Amount of Contribution:	\$490	.00
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Date Contribution Received:	9	/27	/2012	Amount of Contribution:	\$490	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: Cooper AB LLC

Entity's or Person's Full Name: same as above

Entity's or Person's Address: 25 Cooper Square, New York, NY 10003

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	8	/29	/2012	Amount of Contribution:	\$490	.00
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Date Contribution Received:	9	/27	/2012	Amount of Contribution:	\$490	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

#### Contributions from Single Source #2

Related or Affiliated Entity or Person: Chelsea Market Deli, LLC

Entity's or Person's Full Name:

Entity's or Person's Address: Ninth Avenue, New York, NY 10011

Entity's or Person's Phone: 917-743-2604

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	9	/5	/2012	Amount of Contribution:	\$245	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person: Community Food & Juice

Entity's or Person's Full Name:

Entity's or Person's Address: 1991 Broadway, 2nd Floor, New York, NY 10023

Entity's or Person's Phone: same as above

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	9	/5	/2012	Amount of Contribution:	\$245	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
-----------------------------	---	---	--	-------------------------	----	-----

Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☒

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐



**Designated Addendum sheet for section V(B)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure****B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source # 2**

Related or Affiliated Entity or Person: Bagel on Murray Street, LLC

Entity's or Person's Full Name:

Entity's or Person's Address: 102 North End Avenue, New York, NY 10282

Entity's or Person's Phone: same as*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	9	/5	/2012	Amount of Contribution:	\$ 245	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Related or Affiliated Entity or Person: Site 25 Restaurant Concepts, LLC

Entity's or Person's Full Name:

Entity's or Person's Address: 1991 Broadway, 2nd Floor, New York, NY 10023

Entity's or Person's Phone: same as*Dates and Amounts of Contributions from Entity or Person :*

Date Contribution Received:	9	/5	/2012	Amount of Contribution:	\$ 245	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

**Single Source # \_\_\_\_\_**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00



**VI** Subjects lobbied:

Hospitality related issues and legislation; wage and hour issues; state liquor authority regulations; food vendors, bottle service; paid sick leave; commercial bike deliveries; independent campaign expenditures, NYC public assembly renewal process public health issues related to the hospitality industry.

☐ Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

NYS Assembly, NYS Senate, Office of the Governor, NYC Council, NYC Department of Health, Councilmember/ Speaker Christine Quinn

☐ Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

NYC Council Bill on Bike Delivery - Intro 683A  
NYC Council - Bike Delivery Bill - Intro 910  
NYC Intro 943A - Reform Public Assembly Renewal Process

☐ Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

N/A

☐ Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

N/A

☐ Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

N/A

☐ Continued on attached pages

**XI** Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE: *Andrew Rigie*

DATE: 1/7/13

PRINT NAME: LAST Rigie

FIRST Andrew

TITLE: Executive Director

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.